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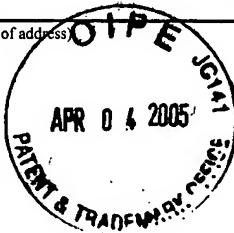
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7590

02/10/2005

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Lowell W. Gresham	(Depositor's name)
<i>Lowell W. Gresham</i>	(Signature)
31 March 2005	(Date)

04/05/2005 MBELETE2 00000035 10725752

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/725,752	12/02/2003	Zaki Moussaoui	2277-160	3252

TITLE OF INVENTION: DC-DC CONVERTER HAVING ACTIVE TRANSIENT RESPONSE COMPENSATION CIRCUIT EMPLOYING FLYBACK INDUCTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, BAO Q	2838	361-111000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lowell W. Gresham
Jordan M. Meschkow
Meschkow & Gresham,
P.L.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Intersil Americas, Inc.

Milpitas, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Lowell W. Gresham

Date 31 March 2005

Typed or printed name

Lowell W. Gresham

Registration No. 31,165

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